

OL 316 (NEW 10/2013) WWW

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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AVT NUM	IBER		1				77
	1		1		1.	1	
NAME							
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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 vour 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 comple Box 932342, MS: L224 	eted this report, pleas , Sacramento, CA 94	e mail to: I 232-3420	Department o	of Motor Vehicles,	Occupatio	nal Licer	nsing Branch, P.O.
SECTION I — MANUFAC	TURER'S INFORMA	TION				100	
MANUFACTURER'S NAME						AVT NUMBER	3
Google Auto LLC						1	
BUSINESS NAME					 	TELEPHONE	NUMBER
Google Auto LLC						i	
STREET ADDRESS		CITY		· · · · · · · · · · · · · · · · · · ·	* 4 · K · * · · · · · · · · · · · · · · · ·	STATE	ZIP CODE
SECTION 2 — ACCIDENT	INFORMATION						
DATE OF ACCIDENT' TIM	IE OF ACCIDENT	VEHICLE YEAF	l	MAKE		MODEL	
	50 DAM □PM	2012		Lexus		RX450h	
	HICLE IDENTIFICATION NUMBER					STATE VEHIC	CLE IS REGISTERED IN
				· ·			
. DDRESS/LOCATION OF ACCIDENT		CITY		COUNTY	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP CODE
Phyllis and El Camino		Mountain	View	Santa Clara		CA	94040
Vehicle ✓ Moving was: ☐ Stopped i	Involved	lin □ ident: □	Pedestrian Bicyclist	Other		NUMBER OF	VEHICLES INVOLVED
DRIVER'S FILL MAME (CIPST, MIDDLE, LAS	S7)		VER LICENSE NUMB			STATE	DATE OF BIRTH
		•			,		•
INSURANCE COMPANY NAME OR SURET	Y COMPANY AT TIME OF ACCIDE	NT POL	ICY NUMBER	,			
COMPANY NAIC NUMBER		POL	ICY PERIOD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		FR	OM	VIII AND THE TAXABLE TO THE TAXABLE	TO .	· · · · · · · · · · · · · · · · · · ·	00
SECTION 3 — OTHER PA	RTY'S INFORMATIO						And the second
VEHICLE YEAR MO	DDEL	5,76,74,66,41,000,000,000,000,000,000		2021 CONSTRUCTION OF THE PERSON OF THE PERSO	Mary Lander of Mary 19 4 (1997)	G. T. L. C. Str. Str. Str. Str. Str. Str.	a c
2004 M	fercedes Sprinter 25004	X2					
LICENSE PLATE YUMBER VEI	HICLE IDENTIFICATION NUMBER					STATE VEHI	CLE E REGISTERED IN
Vehicle Moving	Involved	d in 🔲	Pedestrian	· · · · · · · · · · · · · · · · · · ·			- AEHICLES INVOLVED
was: Stopped i				Other		2	(D)
DRIVER'S FULL NAME (FIRST, MIDDLE, LAS	ST)	DRI	AEB INCENS VIOWB	ER		STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURET	Y COMPANY AT TIME OF ACCIDE	NT POL	ICY NUMBER				1
				*			Lynn Sand
COMPANY NAIC NUMBER		POL	ICY PERIOD	A STATE OF THE PROPERTY OF THE			***************************************
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☐ Additional information	i attached.			****		Z. Haribi	WÎ HING WEW HITES HING WÎN MÎN NEW

SECTION 4 — INJURY/DE	ATH, PROPE	RTY DAMAGE				
ADDRESS		CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	 ☑ Injured	 Deceased	☑ Driver	☐ Passenger	☐ Bicyclist	 ☐ Property
NAME (FIRST, MIDDLE, LAST)	- Injured		El Dilvoi	Li i dosongei		— Пореку
ADDRESS		СПУ	,		STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE						· · · · · · · · · · · · · · · · · · ·
PROPERTY OWNER'S NAME		,			TELEPHON	E NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHON	E NUMBER
STREET ADDRESS	·	CITY			STATE	ZIP CODE
WITNESS NAME		wy		Annual property of the second	TELEPHON	E NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
☐ Additional information a	attached.	***************************************	et.	Ministra (program primity i 1994 i 1984 i		The state of the s
SECTION 5 — ACCIDENT I	DÉTAILS - DE	SCRIPTION				
☐ Autonomous Mode ☑	Conventiona	l Mode			24 - Common Carlotte (1997)	
A Google Lexus-model autono involved in an accident. As the detected another vehicle traveli AV's brakes in anticipation tha autonomous technology and to collided with the right side of the sustained substantial damage to were no injuries reported at the was evaluated by medical staff	e Google AV pring westbound of the other vehicle manual continue Google AV and its front and rescene by either	oceeded through a on El Camino Real cle would run throu rol of the Google A at 30 mph. At the tiear passenger doors	green light at t approaching th igh the red ligh V. Immediate me of collision . The other ver	ne El Camino Real in e intersection at 30 n t. The Google AV to ly thereafter, the othe , the Google AV was icle sustained signifi	tersection, its auto aph and began to a est driver then dise or vehicle ran throu traveling at 22 m cant damage to its	onomous technology apply the Google ngaged the agh the red light and ph. The Google AV front end. There
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et magnitude				•		
☐ Additional information a	attached.					
SECTION 6 — CERTIFICAT	ion :	TOP GET TO			(B)	
l certify (or declare) under correct.	r penalty of p	perjury under th	e laws of the	State of Californ	nia that the fore	egoing is true and
I further certify that I am th			f the prograr	n for the above na		
program director/authorized repre John Krafcik, CEO	SENTATIVE PRINTED	NAME AND TITLE		,	TELEPHON	ENUMBER
SIGNATURE X	W-	4.4		/	D. r oIGN	ED