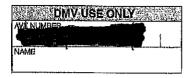


REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE



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- 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 — MANUFA	acturer's informa	TÍON			
MANUFACTURER'S NAME			A-STATE OF THE STATE OF THE STA	AVT NUMB	R
DELPHI AUTOMOTIVE	SYSTEMS, LLC				R
BUSINESS NAME				TELEPHON	E NUMBER
				(4,)	
STREET ADDRESS		CITY		STATE	ZIP CODE
***		140 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SECTION 2 = ACCIDE		er programmen er			
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL	
10/14/2014	7:27 🗌 AM 🗵 PM	2014	AUDI	SQ5	
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	B		STATE VEH	ICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT		CITY	COUNTY	STATE	ZIP CODE
SAN ANTONIO ROAD (6	500 BLOCK)	PALO ALTO	SANTA CLARA	CA.	94303
Vehicle ☐ Moving was: ☐ Stoppe	d in Traffic the Acci	ldent: 🗌 Bicyclist 🗀	Other	NUMBER C	F VEHICLES INVOLVED
DRIVER'S FULL NAME (FIRST, MIDDLE,	LAST)	DRIVER LICENSE NUMBE	n	STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SUF	RETY COMPANY AT TIME OF ACCIDEN	POLICY NUMBER			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COMPANY NAIC NUMBER		POLICY PERIOD			·
		FROM	то 🦺		
SECTION 3 - OTHER	PARTY'S INFORMATIO	N .			
	MODEL				
	HONDA CIVIC				
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEH	IGLE-IS REGISTERED IN
Vehicle	Involved		NAME OF THE PROPERTY OF THE PR		F VEHICLES INVOLVED
was: Stoppe	d in Traffic the Acci		Other	_ 2	
DRIVER'S FULL NAME (FIRST, MIDDLE,	LAST)	DRIVER LICENSE NUMBE	R	STATE	DATE OF DIFTH
INSURANCE COMPANY NAME OR BUF	(ETY GUMPANY A) TIME OF ACCIDEN	NT POLICY NUMBER			
COMPANY NAIC NUMBER		POLICY PERIOD			
		FROM	TO _		·····

Additional information attached.

SEGTION 4 — INJURY/DEATH	PROPERTY DAMAGE				
NAME (FIRST, MIDDLE, LAST) ADDRESS	CITY			ONATE	Minana
Mahada	Oll1			STATE	ZIP GODE
CHECK ALL THAT APPLY	njured 🗌 Deceased	☐ Driver	□ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)		11-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-			A-3-3
ADDRESS	CITY	(William)		STATE	ZIP CODE
CHECK ALL THAT APPLY	njured 🗆 Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☑ Property
PROPERTY DAMAGE		*************************************			
Audi Vehicle - damaged fender, bum PROPERTY OWNER'S NAME	per/rasora;		141 Miles 14	TELEPHO	NENUMBER
				()
STREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME			The state of the s	TELEPHO	NE NUMBER
STREET ADDRESS	CfrY	New York Control of the Control of t	***************************************	(STATE	ZIP CODE
OTHER NUMBERS	Oll 1			SIAIE	ZIP CODE
WITNESS NAME				TELEPHO	NE NUMBER
STREET ADDRESS	OffY		41.4.	STATE	ZIP CODE
Additional Information attacl					
SECTION 5 — ACCIDENT DETA			4		
☐ Autonomous Mode ☑ Con	ventional Mode				
The Audi, in conventional mode, trar approximately 20 seconds of waiting The Honda hit the right front of Audi 75-100 yards from impact heading W	stationary for traffic to clear and continued to go over an	r, a Honda was other center isl	observed to the left of and at 25-30 mph. I	coming over the e Honda came to a s	levated center island. stop approximately
As reported in the attached Traffic Comaking an unsafe turning movement license.	ollision Report, 14-5925, the in violation of CVC 22107 a	driver of the F and was served	londa was determine with a notice of pric	ed to have caused city reexaminatio	the accident by n of his driver's
Attachment: Traffic Collision Repor	t 14-5925				
		·			
•					
Additional information attact	ned.				
SECTION 6 = CERTIFICATION		74X		Triesto de la composición dela composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela compo	
I certify (or declare) under pen correct.	alty of perjury under th	e laws of the	State of Californ	nia that the for	egoing is true and
I further certify that I am the aut	horized Administrator o	f the progran	n for the above na	emed employer	<u> </u>
PROGRAM DIRECTONIAUTHORIZED REPRESENTATION S. WINTER	VE PRINTED NAME AND TITLE	<u> </u>	Mufi		NE NUMBER
SIGNATURE Katherin 5	(1) istor	<u> </u>		DATE SIG	2014



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

VT NU	MBER	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 20000	
	ŀ	1	•		:
NAME		:		 ····	

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SECTION 1.— MANUE	acturen's informa	TION			100 pt 71		
MANUFACTURER'S NAME						AVT NUMBER	
Google Auto LLC						بنجيج	•
BUSINESS NAME			······································			TELEPHONE	NUMBER
Google						(
STREET ADDRESS		CITY				STATE	ZIP CODE
	r						
SECTION 2 — ACCIDE	NT INFORMATION 3						
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	1	MAKE	(MODEL	
02/26/2015	☐ AM ☐ PM	0		Lexus		RX450	
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER					STATE VEHIC	LE IS REGISTERED IN
		_				4	•
ADDRESS/LOCATION OF ACCIDENT		CITY	,	COUNTY		STATE	ZIP CODE
El Camino Real and View	St.	Mountain	View	Santa Clara		CA	94040
Vehicle	g Involved	lin 🗌	Pedestrian				VEHICLES INVOLVED
was: Stoppe	ed in Traffic the Acci			Other		2	
DRIVER'S FULL NAME (FIRST, MIDDLE			VER LICENSE NUMBER			STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SU	RETY COMPANY AT TIME OF ACCIDE!	I	ICY NUMBER				
COMPANY NAIC NUMBER		1	OM OM		то		
SECTION 3 — OTHER	PARTY'S INFORMATIO)N					
VEHICLE YEAR	MODEL						
2015	AUDI S6						
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	-				STATE VEHIC	LE IS REGISTERED IN
Vehicle ☑ Moving was: ☐ Stoppe	g Involved ad in Traffic the Acc		Pedestrian Bicyclist 🏻	Other		NUMBER OF	VEHICLES INVOLVED
DRIVER'S FULL NAME (FIRST, MIDDLE	E, LAST)	DRI	VER LICENSE NUMBER			STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SU	RETY COMPANY AT TIME OF ACCIDE!		ICY NUMBER			,	
COMPANY NAIC NUMBER	•	"	OM	b	то 🚅	1.662	
				·			

Additional information attached.

SECTION 4 — INJURY/DEA	ATH, PROPE	RTY DAMAGE			distance of the second	
NAME (FIRST, MIDDLE, LAST)					•	
ADDRESS	13.434,0	CITY			STATE	ZIP CODE :
CHECK ALL THAT APPLY	□ Injured	Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST MIDDLE, LAST)						
ADDRESS		СІТҮ			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE				**************************************		
PROPERTY OWNER'S NAME	**************************************				TELEPHON	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CÓDE
WITNESS NAME	,				TELEPHON	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHO	NE NUMBEH
STREET ADDRESS		CITY			STATE.	ZIP CODE
Autonomous Mode The Lexus AV was traveling refailed to come to a stop at the sthe right rear quarter panel and applying the brakes in response disengaged Autonomous Mode autonomous technology.	Conventions orthbound on E top-sign at the right rear whee to its detection	al Mode Il Camino Real in A intersection of El C el of the Lexus AV. n of the Audi's spee	amino Real and Prior to the co d and trajectory	d View St. The Audi Hision, the Lexus AV y. Just before the coll	rolled through the 's autonomous te- lision, the driver o	e stop-sign and struck chnology began If the Lexus AV
Additional information SECTION 6 — CERTIFICA I certify (or declare) undecorrect. I further certify that I am the program director/authorized reprint	TION or penalty of the authorized	l Administrator q	,		amed employer	, •
Christopher Urmson			,		DATE SIG	NED.
X	Carried Control of the Control of th	**************************************			DATESIG	



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

VT NU	MBER		
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SECTION 1 —	MANUFA	ACTURER'S I	NFORMATIC)N	2014年2月 4 月 2014年2月2日			
MANUFACTURERS NAM	E	eriger water syrone	The Age of	and something and any or and the source	(A) (A) (A) (A) (A) (A) (A) (A)	ng Marajan di Partin Digitar di Partin Maria	AVT NUMBER	1 _
Google Auto LL	C						Ten sign	
BUSINESS NAME						······································	TELEPHONE	NUMBER
Google		•					(((())	TA HETTER
STREET ADDRESS			CII				STATE	ZIP CODE
		b						
SECTION 2	ACCIDE	NT INFORMA	TION		ERCELOS SUMS			
DATE OF ACCIDENT		TIME OF ACCIDENT	VE	HICLE YEAR	MAKE		MODEL	
04/07/15		☑A		DII ·	Lexus		RX450h	
LICENSE PLATE NUMBE	R	VEHICLE IDENTIFICA					STATE VEHIC	LE IS REGISTERED IN
		HERO ELLINO					عديه	
ADDRESS/LOCATION OF			ch	• •		NTY	STATE	ZIP CODE
Castro and El Ca		***		Iountain View		nta Clara	CA	94040
Vehicle [☑ Moving		Involved in					VEHICLES INVOLVED
was: [J Stoppe	ed in Traffic	the Accide	nt: Bicyclist	Other _		2	
DHIVEH'S FULL NAME (F	-irisi, middle	, LASI)		DRIVER LICENSE NU	MOER		STATE	OATE OF BIRTH
INSURANCE COMPANY	NAME OR SU	RETY COMPANY AT TI	ME OF ACCIDENT	POLICY NUMBER				
COMPANY NAIG NUMBE	R			POLICY PERIOD		то	(F. Jane)	L.
SECTION 3 —	OTHER	PARTY'S INF	ORMATION	e de la companya de La companya de la co				en e
VEHICLE YEAR		MODEL				· · · · · · · · · · · · · · · · · · ·		
2011		BMW 3 Series						
LICENSE PLATE NUMBE	in .	VEHICLE IDENTIFICA		•			STATE VEHI	CLE IS REGISTERED IN
Vehicle E	Moving Stoppe	d in Traffic	Involved in the Accide	n 🔲 Pedestrlar ent: 🗌 Bicyclist	Other_		NUMBER OF	VEHICLES INVOLVED
WAS: [FIRST, MIODLE	(LAST)	mb/(DRIVER LICENSE N			STATE	DATE OF BIRTH
Commence of the second				33 3 W . 3				
INSURANCE COMPANY	NAME OR SU	RETY COMPANY AT TI	ME OF ACCIDENT	POLICY NUMBER				.1
the state of the s		ı		Paragraph of the				
COMPANY NAIC NUMBER	≅R			POLICY PERIOD	,	***************************************		
				FROM THE		TO	Errord School	

☐ Additional information attached.



SECTION 4 INJURY/DEA	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 OWNERS NAME					TÉLEPHO!	IE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME		·			TELEPHON	NE NUMBER
STREET ADDRESS	······································	CITY	· · · · · · · · · · · · · · · · · · ·		STATE	ZIP CODE
WITNESS NAME				 	TELEPHO	NE NUMBER
STREET AODRESS		СПҮ			STATE	ZIP CODE
☐ Additional Information	attachad					•
SECTION 5 - ACCIDENT	200.500.000	ESCRIPTION		Y de la company		
☑ Autonomous Mode □	Convention	al Mode	integral productions a	त्रस्य हे कि र निर्देशकार्युः स्ट दिश्वन्त्रस्य क्षेत्रकार्यः । स्टब्स् अन्तर्वे स्ट	170). 14 H.A. Habelyan I - Kiğir, 2179	
The above identified Google L northbound on Castro St. and time of the accident.	exus autonomo making a right	ous vehicle (Google turn onto El Camino	AV) was involuted eastbound. T	lved in an accident in he Google AV was o	Mountain View perating in Auton	when travelling omous Mode at the
The Google AV was travelling of Castro St. and El Camino R of view of cross traffic on El Capproaching eastbound on El Catarting to move (<1 MPH) when Camino Real, failed to brake s	eal. The Goog Camino Real ap Camino Real ar ten the vehicle	le AV then proceeds proaching from the id came to a stop in following immediat	ed to make a ri left. While cre order to yield t ely behind it. v	ght turn on red by cre ceping forward, the G to the approaching ve which was also attem	eeping forward to loogle AV detecte chicle. The Googl oting to make a ri	obtain a better field d a vehicle c AV was just
All occupants of both vehicles yehicle sustained no visible bo	involved were ody damage.	uninjured in the co	llision. The Go	oglę AV sustained m	inimal body dam	nge, and the other
	-					·
☐ Additional Information	attached.	1 <mark>x</mark> 7				
SECTIONI6 - CERTIFICA	TION					
I certify (or declare) unde	er penalty of	perjury under ti	e laws of th	e State of Califor	nia that the fo	regoing is true and
I further certify that I am t	he authorize	d Administrator o	of the progra	m for the above n	amed employer	*
PROGRAM DIRECTOR/AUTHORIZED REPR	ESENTATIVE PRINTE					NE NUMBER
SIGNATURE X	/				DATE SIG	115/15
	the		······································			OL 316 (NEW 10/2013) WWW



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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AVT NUI	MAFH						
						-	
NAME							

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	Name and the same	11418			10.
SECTION 1 - MANUE	ACTURER'S INFORMA	TION			
MANUFACTURER'S NAME			V	AVT NUMBI	R
GOOGLE AUTO LLC			•		
BUSINESS NAME				TELEPHON	E NUMBER
GOOGLE AUTO LLC				(🚛)	
STREET ADDRESS		CITY		STATE	ZIP CODE
		A Company of the Comp	•		
SECTION 2 — ACCIDE	NT INFORMATION			an all residence	
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLEYEAR	MAKE	MODEL	
04/27/2015	4:27 DAM DPM	2015	LEXUS	RX450I	·I
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEH	ICLE IS REGISTERED IN
		•			•
ADDRESS/LOCATION OF ACCIDENT	(1,10)(1,10)	CITY	COUNTY	STATE	ZIP CODE
CALIFORNIA STREEET	& SHORELINE BLVD	MOUNTAIN VIEW	SANTA CLAR	A CA	94043
Vehicle	n Involved	I in Pedestrian		NUMBER C	F VEHICLES INVOLVED
	ed in Traffic the Acci		☐ Other	2	
DRIVER'S FULL NAME (FIRST, MIDDLE		DRIVER LICENSE NU	MBER	STATE	DATE OF BIRTH
	<u></u>				
INSURANCE COMPANY NAME OR SU	RETY COMPANY AT TIME OF ACCIDE!	NT POLICY NUMBER			
The art of the transfer shall		Contraction of Contraction		•	
COMPANY NAIC NUMBER	, , , , , , , , , , , , , , , , , , , ,	POLICY PERIOD			
	,	FROM		0	,
SECTION 3 — OTHER	PARTY'S INFORMATIO	ON .		70.00	
VEHICLE YEAR	MODEL.		energia per la		
2000	TOYOTA CAMRY				
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		4-1	STATE VEI	ICLE IS REGISTERED IN
هستي	Control of the second				
Vehicle Movin	d Involved	In Pedestrian			F VEHICLES INVOLVED
	ed in Traffic the Acci		☐ Other	2	
DRIVER'S FULL NAME (FIRST, MIDDLE	E, LAST)	DRIVER LICENSE NU	MBER	STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SU	RETY COMPANY AT TIME OF ACCIDE	T POLICY NUMBER			
COMPANY NAIC NUMBER		POLICY PERIOD	——		
		FROM		O	
Additional informat	ion attached.				
TABILIDES BUILDING	INII WINNYINNI				

SECTION 4 — INJURY/DEA	TH, PROPE	RTY DAMAGE				
NAME (FIRST, MIDDLE, LAST)		<u> </u>				· ·
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	or a second property of the second property o					
PROPERTY OWNER'S NAME					TELEPHON	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHON	NE NUMBER
STREET ADDRESS		СПҮ		The second secon	STATE	ZIP CODE
WITNESS NAME			· · · · · · · · · · · · · · · · · · ·		TELEPHON	NE NUMBER
STREET ADDRESS		CITY	**************************************		STATE	ZIP CODE
	ttashad	4	,	• • •		······································
SECTION 5 — ACCIDENT L Autonomous Mode Lexus RX450H (the "AV") in a right lane (lane 2) at the intersecthe AV on its right in the bike lamirror brushed one of the AV's	Conventiona utonomous mo ction of Califor me, in order to	I Mode de heading southbo nia St. and Shorelir make a right turn o	ne Bivd, A Toy onto Shoreline I	ota Camry immediat Blvd. While passing	ely behind the AV the AV, the Toyot	attempted to pass
,		. 4				
•			€,		•	• * * * * * * * * * * * * * * * * * * *
• • • • • • • • • • • • • • • • • • •				· .		
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•	·				•	
້. ∐ Additional information a	ttached,	Sec.	•		1 "	
SECTION 6 — CERTIFICAT	ION					
I certify (or declare) under correct.	penalty of p	perjury under th	e laws of the	State of Californ	ila that the for	egoing is true and
I further certify that I am the			f the progran	n for the above na	med employer.	. '
PROGRAM DIRECTOR/AUTHORIZED REPRES	SENTATIVE PRINTED	# 1(" A	~ Cars			E NUMBER
SIGNATURE					DATE SIGN	ED 1 2015
						OL 316 (NEW 10/2018) WWW



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AVT NUN	ИВЕН		:	į	Ì
NAME					

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2011 302 12, 11101 12							
SECTION 1 - MANUFA	ACTURER'S INF	ORMATION					
ANUFACTURER'S NAME					AMERICA AND SECTION	AVT NUMBER	
GOOGLE AUTO LLC							
SUSINESS NAME						TELEPHONE	NUMBER
GOOGLE AUTO LLC						(5.000)	7.6
STREET ADDRESS		CITY				STATE	ZIF CODE
		1. (1.), 3 5.	$= (0, t, \operatorname{dec}(a) + f(b)) x_{t}^{-1}$				
SECTION 2 ACCIDE	NT INFORMATIO	NC					
NATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE	YEAR	MAKE		MODEL.	
5/30/2015	12:00 AM	☑ PM 2011		LEXUS		RX450F	I
ICENSE PLATE NUMBER	VEHICLE IDENTIFICATION				-	STATE VEHIC	CLE 18 REGISTERED (N
JDDRESS/LOCATION OF ACCIDENT		CITY		COUNTY		STATE	ZIP CODE
720 SHORELINE BLVD		MOU	NTAIN VIEW	SANTA CLA	RA	CA	94041
/ehicle ☐ Moving was: ☑ Stoppe	1		☐ Pedestrian ☐ Bicyclist ☐	Other		NUMBER OF	VEHICLES INVOLVED
RIVER'S FULL NAME (FIRST, MIDDLE	,LAST)		DRIVER LICENSE NUMBER	1		STATE	DATE OF BIRTH
	11 149 11 11 150						
VSURANCE COMPANY NAME OF SUI	HETY COMPANY AT TIME O	DF ACCIDENT	POLICY NUMBER				
OMPANY NAIC NUMBER			POLICY PERIOD	A			
			FROM	<u> </u>	то 💻	<u>) </u>	
SECTION 3 OTHER	PARTY'S INFOR	RMATION					
EHICLEYEAR	MODEL			i di kanan kan Kanan kanan ka	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2003	FORD EXPEDIT						
ICENSE PLATE NUMBER	VEHICLE IDENTIFICATION		Andrews C. U.S.			STATE VEHI	CLE IS REGISTERED IN
/ehicle	i Ir	volved in	☐ Pedestrian			NUMBER OF	VEHICLES INVOLVED
	ed in Traffic th			Other		2	
INIVER'S FULL NAME (FIRST, MIDDLE		······································	DRIVER LICENSE NUMBER			STATE	DATE OF BIRTH
VISURIANCE COMPANY NAME OR SURETY COMPANY ATTIME OF ACCIDENT			POLICY NUMBER	,			
OMPANY NAIC NUMBER	······································	POLICY PERIOD					
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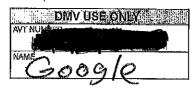
☐ Additional Information attached.



SECTION 4 — INJURY/DEA	тн, РВОРЕІ	RTY DAMAGE				
NAME (FIRST, MIDDI.E, LAST)					Arrana Kalinga arang masa masa masa masa masa masa masa mas	and the New Committee property of the Committee Committe
ADDRESS		CITY	•		STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)						
ADDRESS	<u> </u>	CITY	ywyg ji Alman a waddhala la aal Alfandayi by a		STATE	ZIP GODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	□ Driver	☐ Passenger	□ Bicyclist	☐ Property
PROPERTY DAMAGE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
PROPERTY OWNER'S NAME			euró ac erre		TELEPHON	IE NUMBER
STREET ADDRESS	мах.	CITY	**************************************		STATE	ZIP CODE
ATTNESS NAME	O AHVE				TELEPHON	E NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME		,			TELEPHON	IE NUMBER
STREET ADDRESS	****	ÇITY		A	STATE	ZIP CODE
☐ Additional Information a	ttached.	···				
SECTION 5 — ACCIDENT D	ETAILS - DI	ESCRIPTION				
☑ Autonomous Mode □	Conventiona	al Mode				
A Google Lexus model autonom autonomous mode and was stop Expedition approaching from be Expedition at the time of impact	ped behind tra hind collided	uffic at a red light at	the intersection	n of Shoreline Boule	vard and El Camir	no Real. A Ford
There were no injuries reported was no visible damage to the Po	at the scene b rd Expedition	y either party. The	Google AV sus	stained minor damag	e to its rear sensor	and bumper. There
			,,			•
			g*		•	į.
☐ Additional information a	ttached.					
SECTION 6 — CERTIFICAT	ION			10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (94.55 B
certify (or declare) under correct.	penalty of	perjury under th	e laws of the	state of Californ	nia that the for	egoing is true and
further certify that I am the			f the program	n for the above na		
PROGRAM DIRECTOR/AUTHORIZED REPRES	SENTATIVE PRINTE	NAME AND TITLE			TELEPHO	NE NUMBÉR
SIGNATURE SIGNATURE	and the same of th			W P. S. W. L. M. S. W. L. W. L	DATE SIGN	
X					6/4/201	15



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE



Instructions: Please print within the spaces and boxes on this form. If you need to provide additional information on a separate plece 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, blcyclist, 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. — MANUFACTURER'S INFORMA	rion. I III.					
MANUFACTURER'S NAME			AVT NUMBER			
GOOGLE AUTO LLC		`				
GOOGLE AUTO LLC	•		TELEPHONE NU			
STREET ADDRESS	CITY		\(\(-\)	CODE		
THE PROPERTY OF THE PROPERTY O		•	SIAIE ZII	CODE		
SECTION 2 - ACCIDENT INFORMATION			Market Property of the Control of th			
DATE OF ACCIDENT	VEHICLE YEAR MAKE	TOTAL DE CONTRACTO COMPANY CONTRACTO	MODEL			
	2012 LEXU		RX450H			
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER	LH3AC	•		IS REGISTERED IN		
				in the Alice of Person 111		
ADDRESS/LOCATION OF ACCIDENT	OITY	COUNTY	STATE Z	POODE		
CALIFORNIA AVE AND RENGSTORFF AVE	MOUNTAIN VIEW	SANTA CLARA	CA 9	4040		
Vehicle was: ☐ Moving Involved the Accidental three controls of three controls		i	NUMBER OF VE 2	HICLES INVOLVED		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER		STATE DA	TE OF BIRTH		
INSURANCE COMPANY NAME OR SURETY COMPANY ATTIME OF ACCIDEN			•			
Carlo and Carlo and Carlo		AND A CONTRACT OF THE CONTRACT	·			
COMPANY NAIC NUMBER	POLICY PERIOD					
	FROM		-construction			
SECTION 3 - OTHER PARTY'S INFORMATIO	N	inkiisui en		Sufficient Company with the company of the company		
VERICLE YEAR MODEL						
2008 HONDA ACCORD LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER						
LIGENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE	IS REGISTERED IN		
	I. Dadashian		NUMBER OF VE	HICLES INVOLVED		
Vehicle was: ☑ Moving Involved the Accidental forms		,	2	HOLLO HAVOLACIO		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	1		TE OF BIRTH		
	4:500:000			4 150		
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDEN						
	All the art of the all the art					
COMPANY NAIC NUMBER	POLICY PERIOD					
The state of the s	FROM THE STATE OF	то 🌌		7.13		

Additional information attached.

SECTION 4 - INJURY/DE/	ATH, PROPE	RTY DAMAGE		profit the art costs			
NAME (FIRST, MIDDLE, LAST)	ng ang kang an g ang as ana ang ang ang ang ang ang ang ang ang	<u> </u>	ing in market all they are a market market to spiritely and did to	etelin, dati is negly is a 1800' worldsteed a select 280', a pietra		policie por um mandat (III A Carlo) moltos	
ADDRESS	10 to 10	CITY			STATE	ZIP CODE	
CHECK ALL THAT APPLY	□ Injured	☐ Deceased	☐ Drlver	☐ Passenger	☐ Bicyclist	☐ Property	
NAME (FIRST, MIDDLE, LAST)							
ADDRESS		CITY			STATE	ZIP GODE	
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property	
PROPERTY DAMAGE							
PROPERTY OWNER'S NAME					TELEPHON	E NUMBER	
STREET ADDRESS		OITY			STATE	ZIP CODE	
WITNESS NAME					TELEPHON	E NUMBER	
STREET ADDRESS.		CITY			STATE	ZIP CODE	
WITNESS NAME	······································				ŢELEPHON	E NUMBER	
STREET ADDRESS		CITY	£		STATE	ZIP GODE	
☐ Additional information a	attached.				* .		
SECTION 5 ACCIDENTI	DETAILS : DI	SCRIPTION					
☑ Autonomous Mode ☐	Conventiona	al Mode		e', 0	:	The second secon	
A Google Lexus model autonomous vehicle ("Google AV") was travelling westbound on California St. in Mountain View in autonomous mode and was stopped behind traffic at a red light at the intersection of California St. and Rengstorff Ave. A vehicle approaching from behind collided with the rear bumper of the Google AV. The Google AV was stopped for approximately 17 seconds prior to the collision. The approximate speed of the other vehicle at the time of impact was <1 mph.							
There were no injuries reported at the scene by either party. The Google AV sustained no damage and there was no visible damage to the other vehicle.							
		•	-				
			· 				
☐ Additional information a	and the second second						
SECTION 6 — CERTIFICAT							
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 th			f the progran	n for the above na			
CHRIS URMSON	SENJATVE PHINTED	YAME AND TITLE			TELEPHO	NE NUMBER	
SIGNATURE	e e e e e e e e e e e e e e e e e e e	The spin of the former of the same of the surface of surface of the surface of th	and distribution the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the secti		DATE SIGN	Poly the second	