

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 structure.
- 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 of 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 restock, dogs, buildings, parked vehicles, etc., including a description of the damage.

SECTION 1 - MAN	IUFACTURER'S INF	FORMATIO	N			
MANUFACTURER'S NAME	新工程的工作。	T. F. X		197	AVT NUMB	ER TOTAL TOTAL
Google Auto LLC					4 2000000000000000000000000000000000000	etens Pol
BUSINESS NAME					TELEPHON	NE NUMBER
Google					()	
STREET ADDRESS		СП	Υ		STATE	ZIP CODE
SECTION 2 - ACC	IDENT INFORMATI	ŌΝ				Name of the second
DATE OF ACCIDENT	TIME OF ACCIDENT	VEI	HICLE YEAR	MAKE	MODEL	Elamber 1 de la laconte de
06/18/2015 \\\:\5 \D AM \ \D PM 0			Lexus	RX450	RX450	
LICENSE PLATENUMBER	VEHICLE IDENTIFICATIO				STATE VEH	HICLE IS REGISTERED IN
					i	
ADDRESS/LOCATION OF ACCID	ENT	CIT	Υ	COUNTY	STATE	ZIP CODE
California and Bryant		M	Iountain View	Santa Clara	CA	06/30/1986
					Turner (OF VEHICLES INVOLVED
Vehicle	vina li	nvolved in	Pedestrian		NOMBER	DI VELINCELO IIVVOLVED
Vehicle ☐ Mo was: ☑ Sto	opped in Traffic tl	nvolved in he Accide:		Other	2	or verioced invocated
	opped in Traffic tl	nvolved in he Accidei		Other	0.000	DATE OF BIRTH
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was: Sto	opped in Traffic tl	he Accide	nt: Bicyclist DRIVER LICENSE NUMBER		2	
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SECTION 4 — ÎNJURY/DEA	ATH, PROPE	RTY DAMÂGE				
NAME (FIRST, MIDDLE, LAST) ADDRESS		СПУ			STATE	ZIP CODE
ADDRESS		GIII			SINIE	ZIPCODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	□ Passenger	□ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)						(45)
ADDRESS		СПУ			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE						
PROPERTY OWNER'S NAME					TELEPHO!	NE NUMBER
STREET ADDRESS		CITY		× *	STATE	ZIP CODE
VITNESS NAME				8	TELEPHO	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
VITNESS NAME					TELEPHO	NE NUMBER
TREET ADDRESS		CITY			STATE	ZIP CODE
			400	*		
A Google Lexus-model autonor	Conventiona		traveling north	oound on California	St. in Mountain V	iew in autonomous
mode and was stopped at a red lead of the coordinate of the Google AV was a left-turn-only forward when the green arrow lear bumper of the Google AV. raveling about 5 mph at the times.	ight in the stra lane. The vehi eft turn signal The Google A	ight-only lane at the icle waiting immedi appeared (despite th	e intersection of lately behind the ne signal for the	f California St. and I e Google AV in the straight-only lane re	Bryant St. The lar straight-only lane emaining red) and	to the left of the began to move collided with the
There were no injuries reported ther vehicle sustained minor da	at the scene by	either party. The (s) to its front bumpe	Google AV sus	tained minor damage	e (scrapes) to its r	ear bumper. The
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liant.					80	
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Additional Information a	ttached.					
ÉCTION 6 ≟ CERTIFICATI	SAME TO LEAVE OF			44,64T-47/63	May voice	
certify (or declare) under orrect.	penalty of p	perjury under the	e laws of the	State of Californ	iia that the for	egoing is true an
further certify that I am the	authorized	Administrator of	f the program	for the above na	med employer.	
Chris Urnen	ENTATIVE PRINTED	< 10 V	ry Care		(NE NUMBER
GNATURE					DATE SIGN	e 11, 2015