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 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: 1224, Sacramento, CA 94232-3420

SECTION 1 — MANUFACTURER'S INFORMATION

<table>
<thead>
<tr>
<th>MANUFACTURER'S NAME</th>
<th>COMPANY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELPHI AUTOMOTIVE SYSTEMS, LLC</td>
<td></td>
</tr>
</tbody>
</table>
### SECTION 4 - INJURY/DEATH: PROPERTY DAMAGE

**NAME (FIRST, MIDDLE, LAST):**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**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**

Audi Vehicle - damaged fender, bumper/fascia;

**PROPERTY OWNER'S NAME**

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**WITNESS NAME**

| STREET ADDRESS | CITY | STATE | ZIP CODE |

**WITNESS NAME**

| STREET ADDRESS | CITY | STATE | ZIP CODE |

- Additional Information attached.

### SECTION 5 - ACCIDENT DETAILS & DESCRIPTION

□ Autonomous Mode □ Conventional Mode

The Audi, in conventional mode, transitioned from Byron to San Antonio E/B and waited in the merge pocket for traffic to clear. After approximately 20 seconds of waiting stationary for traffic to clear, a Honda was observed to the left coming over the elevated center island. The Honda hit the right front of Audi and continued to go over another center island at 25-30 mph. Honda came to a stop approximately 75-100 yards from impact heading W/B in the E/B lane. Audi vehicle damage includes right fender, front bumper/fascia.

As reported in the attached Traffic Collision Report, 14-5925, the driver of the Honda was determined to have caused the accident by making an unsafe turning movement in violation of CVC 22107 and was served with a notice of priority reexamination of his driver's license.

Attachment: Traffic Collision Report 14-5925

- Additional Information attached.

### SECTION 6 - CERTIFICATION

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 the authorized Administrator of the program for the above named employer.

PROGRAM ADMINISTRATIVE REPRESENTATIVE PRINTED NAME AND TITLE

Katherine S. Winter, VP, Software Services, MyFi

TELEPHONE NUMBER

SIGNATURE

Katherine S. Winter

DATE SIGNED: Oct 23, 2019
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 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 your 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

SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME
Google Auto LLC

BUSINESS NAME
Google

STREET ADDRESS
CITY
STATE ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT
02/26/2015

TIME OF ACCIDENT
AM
PM

VEHICLE YEAR
MAKE
Lexus
MODEL
RX450

LICENSE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER

ADDRESS/LOCATION OF ACCIDENT
Mountain View

CITY
Santa Clara
COUNTY
STATE ZIP CODE
CA 94040

Vehicle was:
Moving
Stopped in Traffic

Involved in the Accident:
Pedestrian
Bicyclist
Other

NUMBER OF VEHICLES INVOLVED
2

DRIVERS FULL NAME (FIRST, MIDDLE, LAST)

DRIVER LICENSE NUMBER
STATE DATE OF BIRTH

INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT

POLICY NUMBER

POLICY PERIOD FROM TO

SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR
2019

MODEL
Audi S6

LICENSE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER

STATE VEHICLE IS REGISTERED IN

Vehicle was:
Moving
Stopped in Traffic

Involved in the Accident:
Pedestrian
Bicyclist
Other

NUMBER OF VEHICLES INVOLVED
2

DRIVERS FULL NAME (FIRST, MIDDLE, LAST)

DRIVER LICENSE NUMBER
STATE DATE OF BIRTH

INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT

POLICY NUMBER

POLICY PERIOD FROM TO

☐ Additional information attached.
SECTION 4 — INJURY/DEATH, PROPERTY 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 OWNER'S NAME
TELEPHONE NUMBER
STREET ADDRESS
CITY STATE ZIP CODE
WITNESS NAME
TELEPHONE NUMBER
WITNESS ADDRESS
CITY STATE ZIP CODE
WITNESS NAME
TELEPHONE NUMBER
STREET ADDRESS
CITY STATE ZIP CODE

☐ Additional information attached.

SECTION 5 — ACCIDENT DETAILS - DESCRIPTION
☐ Autonomous Mode ☐ Conventional Mode
The Lexus AV was traveling northbound on El Camino Real in Autonomous Mode when an Audi sedan travelling westbound on View St. failed to come to a stop at the stop-sign at the intersection of El Camino Real and View St. The Audi rolled through the stop-sign and struck the right rear quarter panel and right rear wheel of the Lexus AV. Prior to the collision, the Lexus AV's autonomous technology began applying the brakes in response to its detection of the Audi's speed and trajectory. Just before the collision, the driver of the Lexus AV disengaged Autonomous Mode and took manual control of the vehicle in response to the application of the brakes by the Lexus AV's autonomous technology.

☐ Additional information attached.

SECTION 6 — CERTIFICATION
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 the authorized Administrator of the program for the above named employer.
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE
Christopher Urmson
TELEPHONE NUMBER
DATE SIGNED
March 4, 2015
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 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 correct 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 your 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 complains 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 932942, MS: L224, Sacramento, CA 94232-3420

SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME
Google Auto LLC

BASIC NUMBER

BUSINESS NAME
Google

STREET ADDRESS

CITY

STATE

ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT
04/07/15

TIME OF ACCIDENT
AM
PM

VEHICLE YEAR
2011

MAKE
Lexus

MODEL
RX450h

LICENSE PLATE NUMBER

VEHICLE IDENTIFICATION NUMBER

STOCK NUMBER

STATE VEHICLE IS REGISTERED IN

ADDRESS/LOCATION OF ACCIDENT
Castro and El Camino

CITY
Mountain View

COUNTY
Santa Clara

STATE
CA

ZIP CODE
94040

Vehicle
Moving

Involved in the Accident:
Pedestrian

Other

NUMBER OF VEHICLES INVOLVED
2

DRIVER'S FULL NAME (FIRST/MIDDLE/LAST)

OTHER DRIVER'S FULL NAME (FIRST/MIDDLE/LAST)

INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT

POLICY NUMBER

COMPANY NAME NUMBER

POLICY PERIOD
FROM

TO

SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR
2011

MODEL
BMW 3 Series

LICENSE PLATE NUMBER

VEHICLE IDENTIFICATION NUMBER

STOCK NUMBER

STATE VEHICLE IS REGISTERED IN

Vehicle
Moving

Involved in the Accident:
Pedestrian

Other

NUMBER OF VEHICLES INVOLVED
2

DRIVER'S FULL NAME (FIRST/MIDDLE/LAST)

OTHER DRIVER'S FULL NAME (FIRST/MIDDLE/LAST)

INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT

POLICY NUMBER

COMPANY NAME NUMBER

POLICY PERIOD
FROM

TO

Additional Information attached.
**SECTION 1 - INJURY/DEATH: PROPERTY DAMAGE**

<table>
<thead>
<tr>
<th>NAME (FIRST, MIDDLE, LAST)</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**CHECK ALL THAT APPLY**
- [ ] Injured
- [ ] Deceased
- [ ] Driver
- [ ] Passenger
- [ ] Bicyclist
- [ ] Property

<table>
<thead>
<tr>
<th>NAME (FIRST, MIDDLE, LAST)</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**CHECK ALL THAT APPLY**
- [ ] Injured
- [ ] Deceased
- [ ] Driver
- [ ] Passenger
- [ ] Bicyclist
- [ ] Property

**PROPERTY DAMAGE**

<table>
<thead>
<tr>
<th>PROPERTY OWNER'S NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WITNESS NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WITNESS NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information attached.**

**SECTION 5 - ACCIDENT DETAILS: DESCRIPTION**

- [ ] Autonomous Mode
- [ ] Conventional Mode

The above identified Google Lexus autonomous vehicle (Google AV) was involved in an accident in Mountain View when travelling northbound on Castro St. and making a right turn onto El Camino eastbound. The Google AV was operating in Autonomous Mode at the time of the accident.

The Google AV was travelling northbound in the rightmost lane of Castro St. and came to a complete stop for a red light at the intersection of Castro St. and El Camino Real. The Google AV then proceeded to make a right turn on red by creeping forward to obtain a better field of view of cross traffic on El Camino Real approaching from the left. While creeping forward, the Google AV detected a vehicle approaching eastbound on El Camino Real and came to a stop in order to yield to the approaching vehicle. The Google AV was just starting to move (15 MPH) when the vehicle following immediately behind it, which was also attempting to make a right turn onto El Camino Real, failed to brake sufficiently and struck the Google AV's bumper at approximately 5 MPH.

All occupants of both vehicles involved were unjured in the collision. The Google AV sustained minimal body damage, and the other vehicle sustained no visible body damage.

**Additional Information attached.**

**SECTION 6 - CERTIFICATION**

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 the authorized Administrator of the program for the above named employer.

<table>
<thead>
<tr>
<th>PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE'S NAME AND TITLE</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRIS URMSUN, MANAGER, GOOGLE AUTO LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>4/15/15</td>
</tr>
</tbody>
</table>
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 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 it to: Department of Motor Vehicles, Occupational Licensing Branch, P.O. Box 932343, MS: L224, Sacramento, CA 94232-3420

### SECTION 1 — MANUFACTURER’S INFORMATION

<table>
<thead>
<tr>
<th>MANUFACTURER NAME</th>
<th>AVT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOGLE AUTO LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOGLE AUTO LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 2 — ACCIDENT INFORMATION

<table>
<thead>
<tr>
<th>DATE OF ACCIDENT</th>
<th>TIME OF ACCIDENT</th>
<th>VEHICLE YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/27/2015</td>
<td>4:23 AM</td>
<td>2015</td>
<td>LEXUS</td>
<td>RX450H</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LICENSE PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS LOCATION OF ACCIDENT</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA STREET &amp; SHORELINE BLVD</td>
<td>MOUNTAIN VIEW</td>
<td>SANTA CLARA</td>
<td>CA</td>
<td>94043</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE</th>
<th>MOVING</th>
<th>STOPPED IN TRAFFIC</th>
<th>INVOLVED IN THE ACCIDENT</th>
<th>PEDESTRIAN</th>
<th>BICYCLIST</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>false</td>
<td>true</td>
<td>true</td>
<td>false</td>
<td>false</td>
<td>false</td>
</tr>
</tbody>
</table>

| NUMBER OF VEHICLES INVOLVED | 2 |

### SECTION 3 — OTHER PARTY’S INFORMATION

<table>
<thead>
<tr>
<th>VEHICLE YEAR</th>
<th>MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>TOYOTA CAMRY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LICENSE PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS LOCATION OF ACCIDENT</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE</th>
<th>MOVING</th>
<th>STOPPED IN TRAFFIC</th>
<th>INVOLVED IN THE ACCIDENT</th>
<th>PEDESTRIAN</th>
<th>BICYCLIST</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>true</td>
<td>true</td>
<td>true</td>
<td>false</td>
<td>false</td>
<td>false</td>
</tr>
</tbody>
</table>

| NUMBER OF VEHICLES INVOLVED | 2 |

Additional Information attached.
Lexus RX450H (the "AV") in autonomous mode heading southbound on California St. in Mountain View, was stopped for a red light in the right lane (lane 2) at the intersection of California St. and Shoreline Blvd. A Toyota Camry immediately behind the AV attempted to pass the AV on its right in the bike lane, in order to make a right turn onto Shoreline Blvd. While passing the AV, the Toyota's driver's side mirror brushed one of the AV's sensors located on the passenger's side of the AV. Neither vehicle was damaged.

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 the authorized Administrator of the program for the above named employer.
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 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 your 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 have been deceased.
- Record in the PROPERTY DAMAGE line any damage to telephone poles, fences, street signs, guard posts, 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, PO Box 932942, MS: L224, Sacramento, CA 94202-3420

SECTION 1 — MANUFACTURER'S INFORMATION

<table>
<thead>
<tr>
<th>MANUFACTURER'S NAME</th>
<th>AVT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOGLE AUTO LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOGLE AUTO LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2 — ACCIDENT INFORMATION

<table>
<thead>
<tr>
<th>DATE OF ACCIDENT</th>
<th>TIME OF ACCIDENT</th>
<th>VEHICLE YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/30/2015</td>
<td></td>
<td>2011</td>
<td>LEXUS</td>
<td>RX450H</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LICENCE PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
<th>STATE VEHICLE IDENTIFIED IN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS LOCATION OF ACCIDENT</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>720 SHORELINE BLVD</td>
<td>MOUNTAIN VIEW</td>
<td>SANTA CLARA</td>
<td>CA</td>
<td>94041</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Moving</th>
<th>Involved in the Accident:</th>
<th>Pedestrian</th>
<th>Bicyclist</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF VEHICLES INVOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRIVERS FULL NAME (FIRST/MIDDLE/LAST)</th>
<th>DRIVER LICENSE NUMBER</th>
<th>STATE</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 3 — OTHER PARTY'S INFORMATION

<table>
<thead>
<tr>
<th>VEHICLE YEAR</th>
<th>MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>FORD EXPEDITION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LICENSE PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
<th>STATE VEHICLE IDENTIFIED IN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Moving</th>
<th>Involved in the Accident:</th>
<th>Pedestrian</th>
<th>Bicyclist</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF VEHICLES INVOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRIVERS FULL NAME (FIRST/MIDDLE/LAST)</th>
<th>DRIVER LICENSE NUMBER</th>
<th>STATE</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPANY NAIC NUMBER</th>
<th>POLICY PERIOD FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information attached.
SECTION 1 — INJURY/DEATH, PROPERTY 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

STREET ADDRESS
CITY
STATE
ZIP CODE

TELEPHONE NUMBER

WITNESS NAME

STREET ADDRESS
CITY
STATE
ZIP CODE

TELEPHONE NUMBER

WITNESS NAME

STREET ADDRESS
CITY
STATE
ZIP CODE

TELEPHONE NUMBER

Additional information attached.

SECTION 5 — ACCIDENT DETAILS - DESCRIPTION

☐ Autonomous Mode  ☐ Conventional Mode

A Google Lexus model autonomous vehicle ("Google AV") was travelling southbound on Shoreline Boulevard in Mountain View in autonomous mode and was stopped behind traffic at a red light at the intersection of Shoreline Boulevard and El Camino Real. A Ford Expedition approaching from behind collided with the rear bumper and sensor of the Google AV. The approximate speed of the Ford Expedition at the time of impact was 1 mph. There were no injuries reported at the scene by either party. The Google AV sustained minor damage to its rear sensor and bumper. There was no visible damage to the Ford Expedition.

Additional information attached.

SECTION 6 — CERTIFICATION

I hereby 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 the authorized Administrator of the program for the above named employer.

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE

CHRISS URMSON

SIGNATURE

[Signature]

[Date Signed]

[6/4/2015]
**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 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 your company or you can contact your insurer for this 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

**SECTION 1 — MANUFACTURER'S INFORMATION**

<table>
<thead>
<tr>
<th>MANUFACTURER NAME</th>
<th>PART NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOGLE AUTO LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOGLE AUTO LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 2 — ACCIDENT INFORMATION**

<table>
<thead>
<tr>
<th>DATE OF ACCIDENT</th>
<th>TIME OF ACCIDENT</th>
<th>VEHICLE YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/04/2015</td>
<td>8:54 AM</td>
<td>2012</td>
<td>LEXUS</td>
<td>RX450H</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LICENS NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS LOCATION OF ACCIDENT</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA AVE AND RENGSTORFF AVE</td>
<td>MOUNTAIN VIEW</td>
<td>SANTA CLARA</td>
<td>CA</td>
<td>94040</td>
</tr>
</tbody>
</table>

**Vehicle**
- [ ] Moving
- [ ] Stopped in Traffic
- [ ] Involved in the Accident:
  - [ ] Pedestrian
  - [ ] Bicyclist
  - [ ] Other
- [ ] Number of Vehicles Involved: 2

**Driver's Full Name (First, Middle, Last)**

**Insurance Company Name or Surety Company at Time of Accident**

**Company NAIC Number**

**SECTION 3 — OTHER PARTY'S INFORMATION**

<table>
<thead>
<tr>
<th>VEHICLE YEAR</th>
<th>MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>HONDA ACCORD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LICENSE PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vehicle**
- [ ] Moving
- [ ] Stopped in Traffic
- [ ] Involved in the Accident:
  - [ ] Pedestrian
  - [ ] Bicyclist
  - [ ] Other
- [ ] Number of Vehicles Involved: 2

**Driver's Full Name (First, Middle, Last)**

**Insurance Company Name or Surety Company at Time of Accident**

**Company NAIC Number**

**Additional Information Attached.**
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.

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 the authorized Administrator of the program for the above named employer.