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REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY
AVT NUMBER
NAME

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.
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: Cruise Automation, Inc.
BUSINESS NAME: Cruise Automation, Inc.
STREET ADDRESS, CITY, STATE, ZIP CODE

SECTION 2 - ACCIDENT INFORMATION

DATE OF ACCIDENT: 01/08/2016
TIME OF ACCIDENT: 1241 PM
VEHICLE YEAR: 2012
MAKE: Nissan
MODEL: Leaf
ADDRESS/LOCATION OF ACCIDENT: 7th and Bryant
CITY: San Francisco
COUNTY: San Francisco
STATE: CA
ZIP CODE: 94103
Vehicle was: [X] Moving, [] Stopped in Traffic
Involved in the Accident: [] Pedestrian, [] Bicyclist, [] Other
NUMBER OF VEHICLES INVOLVED: 2

SECTION 3 - OTHER PARTY'S INFORMATION

VEHICLE YEAR: unk
MODEL: Toyota Prius
VEHICLE was: [] Moving, [X] Stopped in Traffic
Involved in the Accident: [] Pedestrian, [] Bicyclist, [] Other
NUMBER OF VEHICLES INVOLVED: 2

[] 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
()

STREET 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

A Cruise Nissan Leaf autonomous vehicle ("Cruise AV") was in autonomous mode traveling north at approximately 20 miles per hour in the right lane of 7th Street. The vehicle began moving within its lane to the left, and then began correcting to the right, at which point the driver decided to take over manual control. After taking over manual control, the operator did not change the path of the vehicle and collided with an unoccupied Toyota Prius that was parallel parked on 7th Street approximately 20 feet before the intersection with Bryant Street. The Prius sustained minor visible damage to the front left quarterpanel area. The Cruise AV sustained minor visible damage to the front right quarterpanel area. There were no injuries.

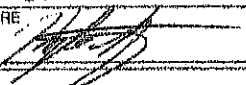
Additional information attached.

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 TELEPHONE NUMBER
Kyle Vogt, CEO

SIGNATURE DATE SIGNED
X  01/13/2016