



## 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. 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: L224, Sacramento, CA 94232-3420

### SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME GM Cruise LLC	AVT NUMBER
BUSINESS NAME Cruise	TELEPHONE NUMBER
STREET ADDRESS	CITY STATE ZIP CODE

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 02/16/2017	TIME OF ACCIDENT 8:38 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Chevrolet	MODEL Bolt
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
ADDRESS/LOCATION OF ACCIDENT Approx. 1120 Golden Gate	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94115
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED 3		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH	
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER			
COMPANY NAIC NUMBER	POLICY PERIOD FROM _____ TO _____			

### SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR 2010	MODEL Subaru Forester	VEHICLE YEAR	MAKE	MODEL
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED 3		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH	
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER			
COMPANY NAIC 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

Vehicle

PROPERTY OWNER'S NAME

GM Cruise LLC

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

CA

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 autonomous vehicle ("Cruise AV") was involved in an accident in San Francisco while travelling eastbound on Golden Gate Avenue between Webster and Buchanan streets. The Cruise AV was operating in autonomous mode at the time of the accident.

The intersection at Buchanan does not allow for vehicular cross traffic but is controlled by a crosswalk with yellow lights that flash when activated. As the Cruise AV was approaching the crosswalk at Buchanan, the yellow lights were flashing. The Cruise AV slowed, paused briefly before the crosswalk, and then began to proceed. The vehicle immediately behind the Cruise AV, a Toyota Highlander, also slowed and paused in concert with the Cruise AV. A third vehicle, a Subaru, located behind the Toyota, did not slow and collided with the Toyota, causing the Subaru's airbags to deploy. That collision pushed the Toyota into the back of the Cruise AV.

None of the occupants of the Cruise AV or Toyota reported injuries at the scene, and the driver of the Subaru intended to seek medical evaluation for knee pain from the collision. The Cruise vehicle sustained minimal damage to its rear bumper. The Toyota sustained minor visible damage to its front and rear bumpers. The Subaru sustained minor visible damage to its front end.

 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.*

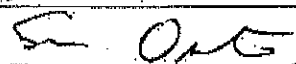
*I further certify that I am the authorized Administrator of the program for the above named employer.*

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE

Sasha Ostojic

TELEPHONE NUMBER

SIGNATURE

X 

DATE SIGNED

02/17/2017

**Additional info to OL316 -- Section 3 -- Other Party's Information for third car (middle vehicle)**

**Vehicle year:** 2012

**Model:** Toyota Highlander

**License Plate #:**

**Vehicle identification #:**

**State vehicle is registered in:**

**Vehicle was:** Stopped in traffic

**Number of vehicles involved:** 3

**Driver's full name:**

**Driver license #:**

**State:**

**Date of Birth:**

**Insurance company name or surety company at time of accident:**

**Policy #:**

**Company NAIC #:**

**Policy Period:**