

## 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 03/22/2017	TIME OF ACCIDENT 1:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Chevrolet	MODEL Bolt
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN CA	
ADDRESS/LOCATION OF ACCIDENT NW Corner of 10th and Division	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94103
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED 2		
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 2015	MODEL Mercedes ML350			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED 2		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE CA	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)

GM Cruise LLC

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 autonomous vehicle ("Cruise AV") was traveling southbound on Tenth Street in San Francisco in autonomous mode. The Cruise AV was stopped at a red light with a Mercedes behind it, also stopped. The Cruise AV began moving forward after the light turned green and was traveling at 2 mph when the Mercedes collided with the rear of the Cruise AV. The approximate speed of the Mercedes at the time of impact was 4 mph.

None of the occupants of the Cruise AV or Mercedes reported injuries at the scene. The Cruise AV sustained minor damage to its rear bumper. The Mercedes sustained minor visible damage to its front bumper.

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

Sasha Ostojic

SIGNATURE

DATE SIGNED

03/24/2017

X