

## 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 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.

TOOT/2017  2:35  AM  PM 2017  Chevrolet Bolt  STATE VEHICLE IS REGISTERED IN  ADDRESSA.OCATION OF ACCIDENT  CITY COUNTY STATE ZIP CODE  14th St and Valencia St San Francisco San Francisco CA 94103  Vehicle  Moving Involved in the Accident: Bicyclist Other  STATE DATE OF BIRTH  INSURANCE COMPANY NAME OR SURETY COMPANY ATTIME OF ACCIDENT  POLICY NUMBER  POLICY PEPIND FROM TO  SECTION 3 — OTHER PARTY'S INFORMATION  VEHICLE YEAR 2010 Honda Accord  Ucense PLATE NUMBER  VEHICLE DENTIFICATION NUMBER  VEHICLE STATE OTHER PARTY'S INFORMATION  VEHICLE YEAR 2010 Honda Accord  Ucense PLATE NUMBER  VEHICLE STATE OTHER PARTY'S INFORMATION  VEHICLE STATE VEHICLE IS REGISTERED IN  NUMBER OF VEHICLES INVOLVED  2  DRIVER LICENSE NUMBER  STATE OTHER PARTY OTHER PARTY OTHER OF PARTY OTHER OTHER PARTY OTHER OTHER PARTY OTHER O	Box 932342, MS: L2	24, Sacramento, CA 9423	32-3420	,			
MANUNACTURERYS NAME  GM CRUISE LLC  SERVINS SIAME  Cruise  Cruise  GTY  STATE ZP CODE  SECTION 2 — ACCIDENT INFORMATION  SECTION 2 — ACCIDENT INFORMATION  SECTION 2 — ACCIDENT INFORMATION  SECTION 3 — OTHER PARTY/S INFORMATION  STATE ZP CODE  SECTION 3 — OTHER PARTY/S INFORMATION  SECTION 3 — OTHER PARTY/S INFORMATION  VEHICLE VEAR  MORE  COMPANY NAME OR SURERY COMPANY AT TIME OF ACCIDENT  PROBLEM STATE VEHICLE IS REDISTERED IN  NUMBER  POLICY PERPOR  FROM TO  STATE VEHICLE IS REDISTERED IN  NUMBER OF VEHICLE IS REDISTERED IN  VEHICLE VEHICL IS REDISTERED IN  NUMBER OF VEHICLE IS REDISTERED IN  NUMBER OF VEHICLE IS REDISTERED IN  VEHICLE VEHICL IS REDISTERED IN  NUMBER OF VEHICLE IS REDISTERED IN  NUMBER	SECTION 1 = MANUE	ACTURER'S INFORMAT	ION *	A Royal Marine Description			
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SECTION 2 — ACCIDENT: INFORMATION  DATE OF ACCIDENT  TIME OF ACCIDENT  TO/07/2017  2:35			OITY		STATE	ZIP CODE	
TIME OF ACCIDENT  10/07/2017  2:35 AM PM  2017  Chevrolet  Bolt  STATE VEHICLE IDENTIFICATION NUMBER  VEHICLE IDENTIFICATION NUMBER  ADDRESS/LOCATION OF ACCIDENT  CITY  COUNTY  STATE  ZIP CODE  14th St and Valencia St  San Francisco  CA  941/03  Vehicle  Moving  Involved In  Pedestrian  Was:  Stopped in Traffic  The Accident:  DRIVER'S FULL NAME (FIRST MIDDLE, LAST)  DRIVER LICENSE NUMBER  POLICY PEPIPIN  FROM  TO  SECTION 3 — OTHER PARTY'S INFORMATION  SECTION 3 — OTHER PARTY'S IN	:						
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Additional information attached	,		FROM	the specific	TO		
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SECTION 4 INJURY/DEATH, PROPE	RTY DAMAGE				
name ( <i>first,middle,last</i> ) GM Cruise LLC					
NDDRESS	CITY		,	STATE	ZIP CODE
CHECK ALL THAT APPLY   Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☑ Property
IAME (FIRST, MIDDLE, LAST)					
DDRESS	CITY		Sur-	STATE	ZIP CODE
CHECK ALL THAT APPLY   Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE					
Small, deep scratch on the rear bumper.				TELEPHON	IE NUMBER
GM Cruise LLC				( )	)
TREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME			<del></del>		NE NUMBER
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TREET ADDRESS	CITY			STATE	ZIP CODE
A Cruise autonomous vehicle ("Cruise AV") two eastbound lanes, was traversing the interdrifted into the Cruise AV's lane. The Cruise exchanged information. The driver of the Activere not called.	section at Valencia e AV responded by	Street. Slightly decelerating, a	/ ahead in the left lar nd was rear-ended by	ne next to the Cruis y a Honda Accord.	se AV, a vehicle The parties
☐ Additional information attached.  SECTION 6 — CERTIFICATION  certify (or declare) under penalty or correct.  further certify that I am the authorize	d Administrator			named employe	r.
ROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINT	ED NAME AND TITLE		- · · · · <del></del>	TELEPH	ONE NUMBER
Sasha Ostojic, Sr. VP of Engineering				DATE SIG	
X .				10/12	