

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 10/16/2017	TIME OF ACCIDENT 1:34 <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
ADDRESS/LOCATION OF ACCIDENT	CITY	COUNTY	STATE	ZIP CODE

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 2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		STATE DATE OF BIRTH
COMPANY NAIC NUMBER		POLICY NUMBER
		POLICY PERIOD FROM _____ TO _____

SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR 2001	MODEL Ford F250 Super Duty	
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 2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		STATE DATE OF BIRTH
COMPANY NAIC NUMBER		POLICY NUMBER
		POLICY PERIOD FROM _____ TO _____

☐ Additional information attached.



SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)

GM Cruise LLC

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

Damage to radar and fender on front left side

PROPERTY OWNER'S NAME

GM Cruise LLC

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"), operating in autonomous mode, was involved in a collision while heading eastbound on 15th Street toward Harrison Street. The Cruise AV had stopped briefly, initially to simulate the pick-up of a ridesharing customer and then to allow oncoming traffic to pass on the narrow street. After the oncoming traffic cleared, the Cruise AV began to proceed. At the same time, from behind the Cruise AV the driver of a Ford F250 pickup truck drove into the oncoming lane and began passing the Cruise AV. While overtaking the Cruise AV, the F250 clipped a sensor on the front, driver's-side corner of the Cruise AV. The parties exchanged information. Though the police were not called, an officer passing by stopped to consult the parties and concluded no further action was required.

☐ 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, Sr. VP of Engineering

TELEPHONE NUMBER

()

SIGNATURE

X

DATE SIGNED

10/19/2017