

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

| DMV Ü | SE 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

| Box 932342, MS: L2 | 24, Sacramento, CA 9 | 4232-34 | 20 | | | , | |
|-----------------------------------|---|-------------------|--|--|------------------------------|---|--|
| SECTION 1 — MANUF | ACTURER'S INFORM | ATION | in strik | The Control | n fit jakt og n Kalendari | | |
| MANUFACTURER'S NAME | AND CHEMICAL STREET, CO. PROPERTY AND ADDRESS OF THE PROPERTY | to the management | Table Control | - The second of | AVT NUMBER | 3 | |
| GM Cruise LLC | | | | | | | |
| BUSINESS NAME | W | | | | TELEPHONE | NUMBER | |
| Cruise | • | | | | () | | |
| STREET ADDRESS | | CITY | | | STATE | ZIP CODE | |
| SECTION 2 — ACCIDE | NT INFORMATION | | | | | | |
| DATE OF ACCIDENT | TIME OF ACCIDENT | VEHICLE | YEAR | MAKE | MODEL | | |
| 09/21/2017 | 9:09 DAM 1 F | M 2017 | | Chevrolet | Bolt | | |
| LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | ER | | | STATE VEHIC | CLE IS REGISTERED IN | |
| ADDRESS/LOCATION OF ACCIDENT | | CITY | | COUNTY | STATE | ZIP CODE | |
| 5th St. & Bryant St. | | San F | rancisco | San Francisco | CA | 94107 | |
| Vehicle Moving | lnvolv | | ☐ Pedestrian | | | VEHICLES INVOLVED | |
| | _ | | | | | 2 | |
| DRIVER'S FULL NAME (FIRST, MIDDLE | LAST) | olderit. | DRIVER LICENSE NUMBER | | STATE | DATE OF BIRTH | |
| • | • | | | | • | | |
| INSURANCE COMPANY NAME OR SUI | RETY COMPANY AT TIME OF ACCI | DENT | POLICY NUMBER | | 1 | <u> </u> | |
| | | | | | | | |
| COMPANY NAIC NUMBER | | | POLICY PERIOD | | | | |
| - | | | FROM | TO | | | |
| SECTION 3 — OTHER | PARTY'S INFORMAT | ION | | e e de gant de dysologie e en Segue state en general state | | | |
| VEHICLE YEAR | MODEL | | The Artist Control of the Control of | The state of the s | <u> </u> | Target and the feet of the tracking a least to be and | |
| 2002 | Volvo V40 | | | | | | |
| LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMB | ER | | | STATE VEH | CLE IS REGISTERED IN | |
| Vehicle Moving | l Involv | ed in | ☐ Pedestrian | | | F VEHICLES INVOLVED | |
| | | cident: | | Other | 2 | | |
| DRIVER'S FULL NAME (FIRST, MIDDLE | , LAST) | | DRIVER LICENSE NUMBE | | STATE | DATE OF BIRTH | |
| | | | | | į | | |
| INSURANCE COMPANY NAME OR SU | RETY COMPANY AT TIME OF ACC | DENT | POLICY NUMBER | | 1 | <u> </u> | |
| | | | | | | | |
| COMPANY NAIC NUMBER | | | POLICY PERIOD | | | | |
| | | | FROM | TO | | | |

| CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property NOWE PRES WORKELART; NOWNELS OTY RESPONSE DRIVER Deceased Driver Passenger Bicyclist Property NOWNELS DRIVER NOWNELS DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER NOWNELS NAME TRUPPOSE NAMES NOWNELS NAMES TRUPPOSE NAMES NOWNELS NAMES TRUPPOSE NAMES NOWNELS NAMES NOWNELS NAME TRUPPOSE NAMES NOWNELS NAME TRU | SECTION 4 — INJURY/DE | ATH, PROPEI | RTY DAMAGE | | and the second of the second o | | |
|--|--|---------------------------------------|--|------------------------------------|--|---|--|
| CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property WARE OF CODE CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property WARE OF CODE CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property PROPERTY DAMAGE Small dent to rear bumper. PROPERTY DAMAGE PROPERTY DAMAGE GM Christs LLC Or | | | | | | | |
| CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property PROPERTY DAMAGE Small dent to rear bumper. PROPERTY COMERCE TREEPHONE NUMBER | | | СіТҮ | | | STATE | ZIP CODE |
| CHECK ALL THAT APPLY | CHECK ALL THAT APPLY | ☐ Injured | ☐ Deceased | ☐ Driver | ☐ Passenger | ☐ Bicyclist | ☑ Property |
| CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property PROPERTY DAMAGE ROBERTY DAMAGE ROBERTY CAMBRISH MARE TRESPICANE NUMBER | NAME (FIRST, MIDDLE, LAST) | · · · · · · · · · · · · · · · · · · · | | | | | |
| FROMER DAMAGE Small dent to rear bumper. ROPCHTY ORMSTRIAME GM CHUSE LLC STREE ADDRESS ONY STATE DIPCOCE TELEPHORE BUMBER () STREE ADDRESS OTY STATE DIPCOCE TELEPHORE BUMBER () STATE DIPCOCE TELEPHORE BUMBER TELEPHORE BUMBER () STATE DIPCOCE TELEPHORE BUMBER () STATE DIPCOCE TELEPHORE BUMBER () STATE DIPCOCE TELEPHORE BUMBER () DATE DESCRIPTION DATE DESCRIPTION DATE BUMBER () DATE DESCRIPTION DATE BUMBER () DATE DESCRIPTION DATE BUMBER TELEPHORE BUMBER TELEPHORE BUMBER TO STATE DIPCOCE TELEPHORE BUMBER TELEPHOR | ADDRESS | d and | CITY | | ., | STATE | ZIP CODE |
| Small dent to rear bumper. FRICEPT COMERT NAME | CHECK ALL THAT APPLY | ☐ Injured | ☐ Deceased | ☐ Driver | ☐ Passenger | ☐ Bicyclist | Property |
| GM Cruise LLC GREET ADDRESS CITY SIME ZP CODE WITNESS NAME TELEPHONE NUMBER () SIME ZP CODE WITNESS NAME TELEPHONE NUMBER () SIME ZP CODE WITNESS NAME TELEPHONE NUMBER () SIME ZP CODE WITNESS NAME TELEPHONE NUMBER () SIME ZP CODE WITNESS NAME TELEPHONE NUMBER () Additional information attached. SECTION 5 — ACCIDENT DETAILS DESCRIPTION. Autonomous mode, was rear-ended by a white Volvo V40 while turning left fit is similar and the rear of the right of two left-turn lanes; the Volvo was directly behind. Both vehicles were stopped at a green light and were waiting to turn left. The signal changed, giving the vehicles a green left-turn arrow. The Cruise AV began making the turn and was then rear-ended by the Volvo. The parties exchanged information. The police were not called the Volvo. The parties exchanged information attached. SECTION 6 — CENTIFICATION. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true correct. I further certify that I am the authorized Administrator of the program for the above named employer. PROGRAMUME TELEPHONE NUMBER () SEASHA OSTOPIC REGISTRORY PROFIED NAME AND TILE TELEPHONE NUMBER () LAIS BLOWED. JOHES BLOWED. JOHES BLOWED. JOHES BLOWED. | | | | | | - L MP-11 | |
| STREET ADDRESS OTY STATE ZIP CODE THE STRAME THE STRAME STREET ADDRESS OTY STATE ZIP CODE THE STRAME THE STRAME BROWNERS THE STRAME BR | | | | | | TELEPHO | NE NUMBER N |
| STREET ADDRESS OTY STATE ZIP CODE THE PROME NUMBER (| | | СПУ | | | \ STATE | ZIP CODE |
| STREET ADDRESS OTY STATE ZIP CODE THE PROME NUMBER (| , | | | | | | |
| Additional information attached. Autonomous Mode | WITNESS NAME | *** | * | | | TELEPHO / | NE NUMBER |
| Additional information attached. Autonomous Mode | STREET ADDRESS | | CITY | | | STATE | ZIP CODE |
| Additional information attached. Autonomous Mode | | | | | | | |
| □ Additional information attached. SECTION 5 → ACCIDENT: DETAILS - DESCRIPTION □ Autonomous whicle ("Cruise AV"), operating in autonomous mode, was rear-ended by a white Volvo V40 while turning left from 5th Street onto Bryant Street. The Cruise AV" was the lead car in the right of two left-turn lanes; the Volvo was directly behind. Both vehicles were stopped at a green light and were waiting to turn left. The signal changed, giving the vehicles a green left-turn arrow. The Cruise AV began making the turn and was then rear-ended by the Volvo. The parties exchanged information. The police were not called the Volvo and the Volvo are considered by the Volvo are cons | WITNESS NAME | | | | | TELEPHO | NE NUMBER \ |
| Autonomous Mode | STREET ADDRESS | | CITY | <u> </u> | <u></u> | STATE | ZIP CODE |
| Autonomous Mode | | | | | | | |
| A Cruise autonomous vehicle ("Cruise AV"), operating in autonomous mode, was rear-ended by a white Volvo V40 while turning left fi 5th Street onto Bryant Street. The Cruise AV was the lead car in the right of two left-turn lanes; the Volvo was directly behind. Both vehicles were stopped at a green light and were waiting to turn left. The signal changed, giving the vehicles a green left-turn arrow. The Cruise AV began making the turn and was then rear-ended by the Volvo. The parties exchanged information. The police were not called the Volvo. The parties exchanged information. The police were not called the Volvo. The parties exchanged information. The police were not called the Volvo. The parties exchanged 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 correct. I further certify that I am the authorized Administrator of the program for the above named employer. PROGRAM DIRECTOR/WITHORIZED REPRESENTATIVE PRINTED NAME AND TITLE Sasha Ostojic, SVP of Engineering BIGNATURE DATE SIGNATURE TELEPHONE NUMBER () DATE SIGNATURE | | e il and the control of the control | ESCRIPTION | | e rom tradición de la como de la c La como de la como de l La como de la como de | | |
| 5th Street onto Bryant Street. The Cruise AV was the lead car in the right of two left-turn lanes; the Volvo was directly behind. Both vehicles were stopped at a green light and were waiting to turn left. The signal changed, giving the vehicles a green left-turn arrow. The Cruise AV began making the turn and was then rear-ended by the Volvo. The parties exchanged information. The police were not called a continuous and the turn and was then rear-ended by the Volvo. The parties exchanged information. The police were not called a continuous and the turn and was then rear-ended by the Volvo. The parties exchanged information. The police were not called the Volvo. The parties exchanged 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 correct. I further certify that I am the authorized Administrator of the program for the above named employer. PROGRAM DIFFECTOR/WITHORIZED REPRESENTATIVE PRINTED NAME AND TITLE Sasha Ostojic, SVP of Engineering DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE | 🗹 Autonomous Mode 💢 🗆 | 1 Conventions | al Mode | | | | |
| SECTION 6 — CERTIFICATION. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true 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, SVP of Engineering SIGNATURE DATE SIGNED DO FOR FOR 177 | 5th Street onto Bryant Street. 'vehicles were stopped at a greet | The Cruise AV on light and we | was the lead car in re waiting to turn le | the right of tw eft. The signal | o left-turn lanes; the changed, giving the | : Volvo was direct vehicles a green le | ly behind. Both eft-turn arrow. The |
| PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE Sasha Ostojic, SVP of Engineering SIGNATURE DATE SIGNED ON 10 17 | SECTION 6 — CERTIFICA I certify (or declare) undecorrect. | TION | | | | | |
| Sasha Ostojic, SVP of Engineering () DATE SIGNATURE DATE SIGNED ON PO 100 177 | | | | or the progra | iii ioi uie above i | | |
| 00/00/0017 | | | | | | (|) |
| X (09/29/2017) | | 7 | | | | | |